

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.ANY ALTERATIONS IN SHADED
AREAS RENDER FORM VOIDCERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY **G**

1. NAME (Last, First, Middle) MARTIN, KARIN A		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 194 62 1450	
4.a. GRADE, RATE OR RANK PV1	4.b. PAY GRADE E1	5. DATE OF BIRTH (YYMMDD) 19801024		6. RESERVE OBLIG. TERM. DATE Year 0000 Month 00 Day 00	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY PHILADELPHIA, PA		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 714 W YORK ST PHILADELPHIA, PA 19133			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 542ND MAINTENANCE COMPANY FC		8.b. STATION WHERE SEPARATED FORT LEWIS, WA 98433			
9. COMMAND TO WHICH TRANSFERRED NA		10. SGLI COVERAGE Amount \$ 200,000.00 None <input type="checkbox"/>			
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 92A10 00 AUTOMATED LOGISTIC SPECIALIST--1 YRS-0 NOS//NOTHING FOLLOWS		12. RECORD OF SERVICE			
		a. Date Entered AD This Period	Year(s)	Month(s)	Day(s)
		b. Separation Date This Period	1998	07	15
		c. Net Active Service This Period	1999	12	06
		d. Total Prior Active Service	0001	04	22
		e. Total Prior Inactive Service	0000	00	00
		f. Foreign Service	0000	00	00
		g. Sea Service	0000	00	00
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY SERVICE RIBBON//NOTHING FOLLOWS		h. Effective Date of Pay Grade 1999 03 24			
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) AUTOMATED LOGISTICS SYSTEMS SPECIALIST COURSE, 11 WEEKS, 1998//NOTHING FOLLOWS					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
					16. DAYS ACCRUED LEAVE PAID 26.0
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//DISABILITY SEVERANCE PAY-- \$1918.80//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE//PHYSICAL DISABILITY SEVERANCE 1AW 10 USC 1208.//NOTHING FOLLOWS					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 714 W YORK ST PHILADELPHIA, PA 19133			19.b. NEAREST RELATIVE (Name and address - include Zip Code) WANDA E MARTIN, 714 W YORK ST PHILADELPHIA, PA 19133		
20. MEMBER REQUESTS COPY 6 BE SENT TO PA		DIR OF VET AFFAIRS		Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. SIGNATURE OF MEMBER BEING SEPARATED [Signature]		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) LARRY H. CLAY, 1SGT CHIEF TRANSITION CENTER			

**Exhibit #6 ARMY
00-214**

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION DISCHARGE	24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY AR 635-40, PARA 4-24B(3)	26. SEPARATION CODE JFL	27. REENTRY CODE 3
28. NARRATIVE REASON FOR SEPARATION DISABILITY, SEVERANCE PAY		
29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4 Initials